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SENATE JOINT RESOLUTION NO. 122

Offered January 23, 2004

Requesting the Department of Medical Assistance Services to seek reimbursement for translation and interpretation services provided Medicaid-eligible persons with limited English proficiency. Report.

 Patron—Lucas

 Referred to Committee on Rules

WHEREAS, according to the 2000 Census, more than 570,000 foreign-born persons lived in Virginia, representing an increase of 83 percent since the last Census a decade ago; and

WHEREAS, the foreign-born in Virginia primarily live along the urban corridor, and in localities in the Shenandoah Valley and Southwest Virginia, which have experienced dramatic growth; and

WHEREAS, according to the Joint Legislative Audit and Review Commission's report, The Acclimation of Virginia's Foreign-Born Population (2003), "three quarters of Virginia's foreign-born population emigrated from Asia or Latin America," and persons from European and African countries also reside in Virginia; and

WHEREAS, although English is the predominant language of the United States, the nation is home to millions of persons with limited English proficiency; and

WHEREAS, many of these persons are poor, illiterate in their own language, speak little or no English, and are eligible for educational, social, and medical services at taxpayer expense; and

WHEREAS, many of these persons are also eligible for translation and interpretation services, and localities have incurred substantial costs to provide these required services; and

WHEREAS, in August 2000, the Office of Civil Rights of the United States Department of Health and Human Services, issued "Policy Guidance on the Title VI Prohibition Against National Origin Discrimination as It Affects Persons with Limited English Proficiency," which requires all health care providers and entities that receive federal Medicaid or State Children's Health Insurance Program (SCHIP) funds to provide oral and written translation or interpretation services to enable such persons to access services; and

WHEREAS, many health care providers have expressed concern regarding the high costs of such services compared to low Medicaid reimbursement rates, and providing translation and interpretation services for persons with limited English proficiency does not guarantee that they understand the medical information provided or the medical procedure that may be performed or recommended; and

WHEREAS, the poor and racial, ethnic, and language minority populations are likely to have more health problems, be uninsured or under-insured, and receive health care through the Medicaid program; and

WHEREAS, often Medicaid reimbursement rates for medical procedures are minimal, and medical associations and specialty groups in many states oppose these requirements, fearing that physicians will withdraw from the Medicaid program, limit the number of Medicaid patients they serve, or accept only patients who speak English; and

WHEREAS, the low reimbursement rate afforded health care providers affects the supply of participating providers and directly impacts Medicaid recipients' access to health care services; and

WHEREAS, under the Office of Civil Rights guidelines, federal matching funds are available to states for expenditures related to "oral and written translation administrative activities and services provided persons with limited English proficiency, whether provided by staff or contract interpreters, or through a telephone service"; and

WHEREAS, the United States Department of Health and Human Services directed this information to Governors in August 2000; however, only five states—Hawaii, Maine, Minnesota, Utah and Washington—have acted to receive federal funds to cover translation and interpretation services for these Medicaid beneficiaries; and

WHEREAS, the Joint Legislative Audit and Review Commission recommended in its report, noted previously, that the state request Medicaid reimbursement for interpretation and translation services, and that the Department of Medical Assistance Services complete a plan and submit an application to obtain reimbursement for such services to the Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Medical Assistance Services be requested to seek reimbursement for translation and interpretation services provided Medicaid-eligible persons with limited English proficiency.

The Department of Medical Assistance Services shall submit to the Division of Legislative

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59 Automated Systems an executive summary and report of its progress in meeting the requests of this
60 resolution no later than the first day of the 2005 Regular Session of the General Assembly. The
61 executive summary and report shall be submitted as provided in the procedures of the Division of
62 Legislative Automated Systems for the processing of legislative documents and reports and shall be
63 posted on the General Assembly's website.