

# Cultural and Linguistic Access: Legislation and Regulations 2005

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# Language Needs in California

- 40% of Californians speak a language other than English

Of these:

- 65% speak Spanish
- 22% speak an Asian or Pacific Islander language
- 0.4% speak an African language

# Cultural and Linguistic Issues

- Studies show that the lack of language services affects:
  - Access to health care services and preventive care
  - Result in greater emergency room use
  - Impedes patients from comprehending diagnoses
- Misunderstandings of cultural practices and beliefs can result in negative health outcomes

# Linguistic Access

- Consumers who are Limited-English Proficient (LEP) may be unable to communicate effectively with their health care provider, seriously compromising quality of care
- Many LEP individuals rely on family and friends to serve as interpreters. Using anyone other than a trained interpreter violates confidentiality and quality of the interaction
- Translation of documents is vital to consumer understanding

# Cultural Competence

- Understanding the background, cultural values, and beliefs of patients, and applying that understanding in a health context.
- Cultural competency is the genuine sensitivity and respect given to people regardless of their ethnicity, race, language, culture or national origin.
- Ability to anticipate and recognize misunderstandings that arise from the differing cultural assumptions and expectations of providers and patients and to respond to such issues appropriately.

# California Policy 2005

## State Efforts to Promote Cultural and Linguistic Competency:

- Legislation
  - AB 775 (Yee)
  - AB 1195 (Coto)
- Regulation
  - DMHC implementation of SB 853

# The National Council on Interpreting in Health Care

- In 2001, developed essential skills for interpreters:
  - *Basic language skills*
  - *Recognition of ethical issues (a code of ethics)*
  - *Cultural competency*
  - *Health care terminology.*
  - *Translation of simple written instructions*
- [www.ncihc.org](http://www.ncihc.org)

# Problems With the Use of Minors as Interpreters

- No assurance on the part of the provider or patient that the minor has adequate interpreting skills.
- Confidentiality, withholding of information.
- Coping skills, understanding of the ramifications and severity of disease and treatment.

## **AB 775 (Yee)**

- Bans the use of minors as interpreters in any hospital, clinic, or physician office in the context of medical diagnosis and treatment.
- Applies to state and local agencies and recipients of state funds.
- Requires each such agency, organization, or program to have in place a procedure for providing competent interpretation services that does not involve the use of children.

## **AB 775 (Yee), cont.**

- Does not apply to school districts.
- Will not apply to emergency situations.
- 90 day grace period until state funding terminated.
- Will not interfere with routine communications or identification of language need.

# Policy Issues - Providers

- Even if the provider is language capable and does not need an interpreter, cultural competency must be assured
- Misunderstandings can also result from racial or socioeconomic differences
- Providers must continually educate themselves to identify areas of possible miscommunication

## **AB 1195 (Coto)**

- Requires providers to complete continuing education courses in cultural competency.
- Based on recommendations from the DHS & DCA Task Force on Culturally and Linguistically Appropriate Physicians and Dentists.
- One-time, 16 credit hours requirement.

# Policy Issues – Health Plans

- Health plans must provide language services for communication between enrollees and plan administrative staff
- Health plans must share responsibility with providers for ensuring culturally and linguistically appropriate services
- Health plans must have information systems capable of identify language needs and measuring quality by language, race, ethnicity

# Department of Managed Health Care Regulations, SB 853 (Escutia)

- New regulations to go into effect Jan 2006.
- First public draft of regulations should be out in the next several weeks for comment at [www.dmhc.ca.gov](http://www.dmhc.ca.gov).
- Will be based on requirements currently in place for Medi-Cal Managed Care and the Healthy Families Program.

# SB 853 Provisions

- Needs Assessment
- Interpretation Services
- Written Translation
- Quality Assurance
- Cultural Competency Reporting
- Audit and Reporting

# SB 853 Recommendations

- Identification of each enrollee's language, race and ethnicity
- Sending materials in primary language before a request is made
- Analysis of internal data such as grievances and member satisfaction information, utilization, claims and health outcome data by race, ethnicity, and language to identify disparities

## **SB 853 Recommendations, cont.**

- Competent and tested interpreters only, no use of minors, friends or family
- Language access procedures that are clear and accessible for both patients and contract providers
- Clear timelines for provision of interpreters and translated materials

# How You Can Make Change!

- Call or send letters of support or comment to:
  - Assemblymember Yee: (916) 319-2012
  - Assemblymember Coto: (916) 319-2023
  
  - Lucinda Ehnes, Director  
Department of Managed Health Care  
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